

**CITY OF SAN ANTONIO
SEXUALLY ORIENTED BUSINESS (SOB)
MANAGER PERMIT APPLICATION
PRINT USING BLACK OR BLUE INK ONLY**

Section A: Identification Data

DATE OF APPLICATION	NAME AND ADDRESS OF SOB WHERE YOU WILL BE WORKING			
1. ALIASES:	NAMES & DATES OF USE			
2. REAL NAME:	LAST	FIRST	MIDDLE	MAIDEN NAME
3. RESIDENTIAL ADDRESS:	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
4. PRIOR RESIDENTIAL ADDRESSES DURING THE PRECEDING TEN YEARS	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
(If necessary, attach additional sheets)	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
5. BIRTH INFORMATION:	MONTH/DAY/YEAR	PLACE OF BIRTH	CITY, COUNTY & STATE	
6. DESCRIPTORS:	RACE	SEX	WEIGHT	
	HAIR COLOR	EYE COLOR	HEIGHT	
7. TATTOOS:	DESCRIPTION		LOCATION	
8. IDENTIFICATION:	Driver's License/State	Identification No./State	U.S. Passport No.	Military I.D. No.
9. POINT OF CONTACT:	Your Telephone No.			

Section B: Criminal Information

10. HAVE YOU BEEN CONVICTED OF ANY OF THE FOLLOWING OFFENSES WITHIN TEN YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION?

- | | | |
|--|-----------|----------|
| a. Prostitution or Promotion of Prostitution | YES _____ | NO _____ |
| b. Aggravated Promotion of Prostitution | YES _____ | NO _____ |
| c. Compelling Prostitution | YES _____ | NO _____ |
| d. Obscenity | YES _____ | NO _____ |
| e. Sale, Distribution or Display of Harmful Material to a Minor | YES _____ | NO _____ |
| f. Sexual Performance By A Child | YES _____ | NO _____ |
| g. Employment Harmful To Children | YES _____ | NO _____ |
| h. Possession or Promotion of Child Pornography | YES _____ | NO _____ |
| i. Public Lewdness or Indecent Exposure | YES _____ | NO _____ |
| j. Indecency With A Child | YES _____ | NO _____ |
| k. Sexual Assault, or Aggravated Sexual Assault | YES _____ | NO _____ |
| l. Harboring a Runaway Child | YES _____ | NO _____ |
| m. Criminal attempt, conspiracy or solicitation to commit any of the above offenses | YES _____ | NO _____ |
| n. A felony in any jurisdiction | YES _____ | NO _____ |
| o. Any Violation of City Ordinance Number 2012-12-06-0933 (Sexually Oriented Business), as amended | YES _____ | NO _____ |
| p. Texas Penal Code 20A.02 - Trafficking of Persons | YES _____ | NO _____ |

SECTION C: Additional Criminal Information

11. HAVE YOU BEEN PLACED ON DEFERRED ADJUDICATION, DEFERRED DISPOSITION, OR PROBATION WITHIN TEN YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION FOR ANY OF THE OFFENSES IDENTIFIED ABOVE? YES _____ NO _____

12. IF YOU ANSWERED YES TO ANY ITEM IN SECTION "B" OR SECTION "C" ABOVE, THEN STATE BELOW THE FOLLOWING: THE CRIME, THE JURISDICTION, AND THE COURT FOR EACH SUCH CRIME. ALSO, STATE THE DATE(S) OF CONVICTION, PROBATION, DEFERRED ADJUDICATION, AND DEFERRED DISPOSITION FOR EACH SUCH CRIME. USE ADDITIONAL BLANK SHEETS, IF NEEDED, AND ATTACH TO THIS APPLICATION.

SECTION D: STATEMENT AND AUTHORIZATION OF APPLICANT

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THE DATE INDICATED BELOW APPEARED _____, KNOWN TO ME BY _____ AS _____, AND WHO AFTER BEING BY ME DULY SWORN ON HIS OR HER OATH, DEPOSED AND SAID AS FOLLOWS:

"I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT I PERSONALLY HAVE COMPLETED THIS FORM AND THE INFORMATION THAT I PRESENTED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE PERMIT I SEEK UNDER THIS FORM IS SOLELY THE PROPERTY OF THE CITY OF SAN ANTONIO AND MUST BE RETURNED UPON REVOCATION, EXPIRATION, OR NON-USE. I AM ALSO AWARE THAT THIS APPLICATION IS A GOVERNMENTAL RECORD AND THAT I MAY BE CRIMINALLY PROSECUTED IF I KNOWINGLY MAKE A FALSE ENTRY ON THIS RECORD OR MAKE OR PRESENT OR USE THIS RECORD WITH KNOWLEDGE OF ITS FALSITY. I ALSO ACKNOWLEDGE THAT THIS IS A STATEMENT BEING PROVIDED TO A LAW ENFORCEMENT AGENCY AND THAT I MAY BE CRIMINALLY PROSECUTED IF I KNOWINGLY FALSIFY THIS STATEMENT."

"I AUTHORIZE THE CITY OF SAN ANTONIO, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION, TO INCLUDE OBTAINING MY FINGERPRINTS AND MY CRIMINAL BACKGROUND HISTORY."

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 20_____.

Notary Public
State of _____
My Commission Expires On: _____

SECTION E: FOR OFFICIAL USE ONLY — DO NOT WRITE BELOW LINE

FEE PAID TO: _____
SIGNATURE DATE Approved _____ Denied _____

CCH COMPLETED BY: _____
SIGNATURE DATE Approved _____ Denied _____

FINGERPRINTS PROCESSED BY: _____
SIGNATURE DATE

PERMIT ISSUED BY: _____
SIGNATURE DATE

PERMIT NO. ISSUED BY CITY: _____ Page 2 of 2: December 2012